

Application No. (if known): 09/392,842

Attorney Docket No.: 05402/100M695-US1

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Response to Non-Final Office Action (10 pages) Petition for Extension of Time (1 page) Amendment Transmittal (1 page) Fee Transmittal (1 page) Check No. **6982** in the

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PTO/SB/17 (12-04)
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-	fective on 12/08/20				nplete if Knov			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		09/392,842			
FEE TRANSMITTAL			Filing Date		September 9, 1999			
i i			First Named Inventor Samuel P. S			wan et al.		
For FY 2005			Examiner Name	iner Name S. J. Sharareh				
Applicant claims	Art Unit		1617					
TOTAL AMOUNT OF	PAYMENT	(\$) 120.00	Attomey Docker	t No.	05402/100M6	95-US1		
METHOD OF PAYN	IENT (check al	I that apply)						
X Check Cre	dit Card	Money Order No	ne Other	(please ider	ntify):			
Deposit Account	Deposit Accoun	nt Number: 04-0100	_ Deposit Account Na	ame:	Darby & D	arby P.C.		
For the above-	identified deposi	t account, the Director is	s hereby authoriz	ed to: (che	ck all that apply)	!		
Charge fe	ee(s) indicated b	elow	Charg	je fee(s) in	dicated below, e	xcept for t	he filing fee	
Charge a fee(s) un	ny additional fee	e(s) or any underpaymei 6 and 1.17	nt of x Credit	any overp	ayments			
FEE CALCULATIO							 	
1. BASIC FILING, SEA	RCH, AND EXA	MINATION FEES					 	
	FILII		ARCH FEES	EXAMII	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity	Econ I	Paid (\$)	
Utility	300	150 500	250	200	<u>Fee (\$)</u> 100	<u>rees r</u>	<u>-aiu (\$)</u>	
Design	200	100 100	50	130	65			
Plant	200	100 300	150	160	80			
Reissue	300	150 500	250	600	300			
Provisional	200	100 0	0	000	0			
2. EXCESS CLAIM FE		100 0	U	U	V		Concil Cotto	
Fee Description						Fee (\$)	Small Entity Fee (\$)	
	for Reissues, ea	ch claim over 20 and n	ore than in the o	riginal pat	ent	50	25	
		Reissues, each independ				200	100	
Multiple dependent cla						360	180	
Total Claims E:	xtra Claims	Fee (\$) Fee I	Paid (\$)	M	ultiple Depende	ent Claims		
-=	х			_		Fee Paid (\$		
						·		
Indep. Claims Ex	xtra Claims	Fee (\$) Fee I	Paid (\$)					
3. APPLICATION SIZE		- -						
If the specification and	d drawings exce	ed 100 sheets of paper,	the application s	size fee du	e is \$250 (\$125	for small e	ntity)	
		action thereof. See 35						
Total Sheets	Extra Sheets		dditional 50 or fra			Fee I	Paid (\$)	
- 100 : 4. OTHER FEE(S)	= 	/50	(round up to a who	ole number)	×	· —		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other 1961 Extension for reappage within first month								
- 1201 EX	cholonion resp	JOING WIGHT HIST HIGH				12	20.00	
SUBMITTED BY	11	<i>M</i>	D-1-4-6					
Signature	Ma	Ulson	Registration No. (Attorney/Agent)	48,487	Telephone	(212) 52	7-7700	
Name (Print/Tyne) Lydia	Gayle Olson	,			I Data	Josombor	10 2004	

SOBMITTED BY							
Signature	MA	Olson	Registration No. (Attorney/Agent)	48,487	Telephone	(212) 527-7700	
Name (Print/Type)	Lydia Gayle Olson				Date	December 10, 2004	
							_

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